

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/564682

FILING DATE

APPLICANT/CO

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1						51						
2		1					52						
3	1						53						
4							54						
5							55						
6							56						
7							57						
8		1					58						
9							59						
10		1					60						
11							61						
12		1					62						
13	1						63						
14		1					64						
15							65						
16		1					66						
17							67						
18		1					68						
19							69						
20		1					70						
21			1				71						
22	1						72						
23		1					73						
24	1						74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34	1						84						
35		1					85						
36	1						86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	30	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	36	[REDACTED]		[REDACTED]		[REDACTED]	TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]